

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/535520
FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	/						51					
2		/						52					
3		/						53					
4	/							54					
5		/						55					
6	/							56					
7		/						57					
8		/						58					
9		/						59					
10	/							60					
11		/						61					
12	/							62					
13		/						63					
14		/						64					
15		/						65					
16		/						66					
17		/						67					
18		/						68					
19		/						69					
20		/						70					
21		/						71					
22		/						72					
23		/						73					
24		/						74					
25		/						75					
26		/						76					
27		/						77					
28		/						78					
29		/						79					
30		/						80					
31		/						81					
32		/						82					
33		/						83					
34		/						84					
35		/						85					
36		/						86					
37	/							87					
38		/						88					
39		/						89					
40	/							90					
41		/						91					
42	/							92					
43	/							93					
44		/						94					
45		/						95					
46		451						96					
47								97					
48								98					
49								99					
50								100					
TOTAL IND.	6		↓			↓							
TOTAL DEP.	40		←			←							
TOTAL CLADS	46												